

05-02-08

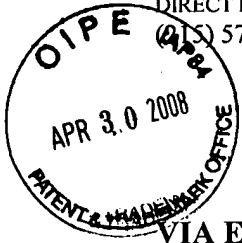
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April 30, 2008

VIA EXPRESS MAIL LABEL NO. EV223813799US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RE: U.S. Patent Application No.: 10/777,586**  
**Title: SYSTEMS AND METHODS FOR IMPLEMENTING AN INTEREST-BEARING INSTRUMENT**  
**Filed: February 12, 2004**  
**Inventor: Roger Howard Williams III**  
**Attorney Docket No.: 07-1087**

Dear Sir/Madam:

In reference to the above-captioned application, transmitted herewith are the following:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Petition for Extension of Time (1 page);
4. Response (11 pages)
5. Declaration of Dr. Arthur Maghakian with Appendix (20 pages);
6. Credit Card Authorization Form (1 page); and
7. Return Postcard.

The Commissioner is hereby authorized to charge any deficiencies or credit any overpayment in the enclosed amounts to Deposit Account Number 50-0979.

Respectfully submitted,

Steven I. Wallach  
Registration No. 35,402

SIW:sac  
Enclosures

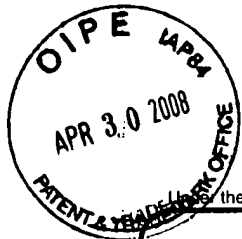
**CERTIFICATE OF EXPRESS MAILING UNDER 37C.F.R. § 1.10**

I hereby certify that this correspondence, and all papers and things referred to herein as being attached, enclosed, transmitted, or otherwise submitted, are being deposited with the U.S. Postal Service for delivery by Express Mail Post Office to Addressee service with Express Mail Label EV223813799US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date shown below.

Date: April 30, 2008

Steven A Cobb

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<b>Complete if Known</b>	
		Application Number	10/777,586
		Filing Date	February 12, 2004
		First Named Inventor	Roger Howard Williams III
		Examiner Name	Subramanian, Narayanswamy
		Art Unit	3692
		Attorney Docket No.	07-1087
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	510.00	

**METHOD OF PAYMENT** (check all that apply)

Check 
  Credit Card 
  Money Order 
  None 
  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0979 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below 
  Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Petition for Extension of Time (3 months)</u>	510.00
	_____

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 35,402	Telephone 215-575-7000
Name (Print/Type)	Steven I. Wallach		Date 4/30/2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/777,586	
	Filing Date	February 12, 2004	
	First Named Inventor	Roger Howard Williams III	
	*Art Unit	3692	
	Examiner Name	Subramanian, Narayanswamy	
Total Number of Pages in This Submission	36	Attorney Docket Number	07-1087

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="text"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Letter; Declaration of Dr. Arthur Maghakian with Appendix; Credit Card Authorization Form; Return Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Dilworth Paxson LLP		
Signature			
Printed name	Steven I. Wallach		
Date	4/30/2008	Reg. No.	35,402

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Steven A. Cobb	Date	4/30/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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